

Lexington Housing Assistance Board, Inc.
1620 Massachusetts Avenue Suite 4,
Lexington MA 02420
 Tenant Application or Renewal Form for Housing

Date Application submitted: _____

(Applications expire one (1) year after the date of submittal. To continue to be considered for housing with LexHAB after one (1) year, Applicant must contact LexHAB and submit a new application with required documentation.)

I/we submit the following information to LexHab and ask to be considered for rental housing.

Name of Head of Household

Name of Co-Applicant

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in and plans to make the rental their primary residence:

Name <i>(Last, First, MI)</i>	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Current physical Address: _____

Primary Phone: _____ Alternate Phone: / _____) _____

Email Address: _____

Disability/Handicap Are you or is any member of your household under any disability or handicap?

Yes No

If yes, please describe the condition briefly and describe any special housing requirements relating to your disability (such as an inability to negotiate stairs). (Doctor's report must be made available upon request).

Lexington Affiliation: Does any member of your household have any of the following connections to the Town of Lexington?

- Employed in Lexington, Name of employer _____
- Living in Lexington/Address _____
- Close Family Members (grandparents, parents, siblings,) who live in Lexington _____
- Past connection to Lexington: _____

Size of Unit,

- 1 BR 2 BR 3 BR 4 BR 5 BR

Will you or anyone in your household require a live-in care attendant? __ Yes __ No

Name of Live-In Care Attendant: _____

Relationship (If any): -----

Housing References:

List the past 3 years of housing references. (If additional space is required, use the back of this page.)

	<i>Landlord's Name/Address</i>	<i>Present or Former Address</i>	<i>Own/Rent</i>	Dates
1.	_____	_____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
	Phone: _____			
2.	_____	_____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
	Phone: _____			
3.	_____	_____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
	Phone: _____			

Household Information (continued)

1. Have any of the household members used names or a social security number other than the names and numbers used above? **Yes** **No**
If YES, explain _____
2. Are any or **ALL** members of the household 18 years of age or older and a full-time student? Full time students will be required to submit full time student official letters and verification. **Yes** **No**
If YES, explain _____
3. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? **Yes** **No**
If YES, provide the nature of the crime(s): _____
Date: _____ State: _____ City: _____
County: _____
Are any of the above convictions a felony? **Yes** **No** If YES, Please explain _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? **Yes** **No** If YES, please explain _____

Are there any criminal charges pending now? **Yes** **No** If YES, please explain _____

4. Do you live in subsidized housing now or have you in the past? **Yes** **No**
If Yes, Where? _____
From _____ Were you evicted? _____ If YES, why? _____
5. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? **Yes** **No**
If YES, explain _____

6. Have you ever filed or are you currently filing for bankruptcy? **Yes** **No**
If YES, give reason _____
Date of filing _____
7. Have you ever lived at any other property managed by LexHab? **Yes** **No**
If YES, where? _____
8. Why do you want to move from your current residence? _____
9. How did you hear about us? _____
10. Do you know or are you related to any of our residents or staff? _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

- I. Employment wages or salaries? Self-employment? Regular pay as a Armed Forces Member? Yes No
(Include overtime, tips, bonuses commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Gross Amount</u> <i>(before taxes)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Most Recent Unemployment benefits or worker's compensation? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Most Recent Public Assistance, General Relief or Temporary Aid to Needy Families (such as TAFDC or TANF) Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)? __ Yes __ No
(You must provide most recent DOR Statement and Proof of Child Support Payments. We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>

(b) How is the support received? (Check all that apply) D

Child Support Enforcement Agency	Name of Agency: _____
<input type="checkbox"/> Court of Law	Name of Court: _____
<input type="checkbox"/> Directly from Individual	Name of Person: _____
<input type="checkbox"/> Other	Explain: _____

5. Most Recent Social Security, SSI or any other payments from the Social Security Administration? __ Yes __ No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>

6. Most recent Payments from a pension, retirement benefit, annuities, or Veteran's benefits. __ Yes __ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

7. Most Recent Payments from a severance package? __ Yes __ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

8. Most recent Payments from any type of settlement? *(For example, insurance settlements)* __ Yes __ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

9. Most recent Disability, death benefits, life insurance dividends? __ Yes __ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

10. Gifts or payments from anyone outside of the household? Yes No

(This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Lottery winnings/inheritances? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

12. Payments from rental property or other types of real estate transactions? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

13. Any other income sources or types not listed above? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Yes No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account? YES NO

<u>Household Member</u>	<u>Bank /Financial Institution</u>	<u>Last Four Digits Acct #</u>	<u>AMOUNT</u>

2. CDs,, money market accounts or treasury bills? YES NO

<u>Household Member</u>	<u>Bank /Financial Institution</u>	<u>Last Four Digits Acct #</u>	<u>AMOUNT</u>

3. Stocks, bonds or securities? Yes No

<u>Household Member</u>	<u>Broker/acct #</u>	<u>Amount</u>

4. Trust funds? YES NO

<u>Household Member</u>	<u>Bank /Financial Institution</u>	<u>Last Four Digits Acct #</u>	<u>AMOUNT</u>

Are any of the above trusts irrevocable? YES NO

5. Pensions, IRAs, 401 Ks, 403Bs, KEOGH or other retirement accounts?

___ Yes ___ No

<u>Household Member</u>	<u>Bank/Financial Institution</u>	<u>Last Four Digits Account #</u>	<u>AMOUNT</u>

6. Cash

___ Yes ___ No

<u>Household Member</u>	<u>Source Of Benefit</u>	<u>Amount</u>

7. Real estate, rental property, or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)

___ Yes ___ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

8. Other Assets

<u>Household Member</u>	<u>Source Of Benefit</u>	<u>Amount</u>

9. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

___ Yes ___ No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>

Do you or anyone listed above own a vehicle?

___ Yes ___ No

Vehicle Identification:

1.	Registration#:	_____	State Issued:	_____	Make/Model/Year:	_____
2.	Registration#:	_____	State Issued:	_____	Make/Model/Year:	_____

If the assets of all members of your household exceed \$75,000.00, you will be deemed ineligible.

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide LexHab with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Prospective Tenant Qualification:

To be eligible for a rental unit, the total gross income of your household must be less than 80% of current median income for your size household as determined for the Boston-Cambridge-Quincy, Ma-NH area by the Federal Department of Housing and Urban Development (HUD). The current schedule is available at LexHAB's Office.

Identity:

We will need to photocopy the following documents:

- A valid Government Photo Identification for each household member over 18
- Birth Certificate for all household members
- Proof of Social Security Numbers for all household members.

Requests for Documentation

Failure to respond within 14 days to LexHab's requests for documentation or information to process the application shall result in rejection of the application or removal from the eligible applicant list.

Minority Status (optional) NOTE: this section need not be answered. If not answered, the application will not be adversely affected. However, unless answered, the possible positive impact of the Town's Fair Housing Policy on your application may never be known:

- White/Non-Minority
- African American
- Other, please specify _____
- Native American
- Hispanic
- ASian

Signature Clause:

I understand that LexHab is relying on this information to prove my household's eligibility for housing. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I consent to have LexHab verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, all information is regarded as confidential in nature, a consumer credit report, other credit institutions, Criminal Offenders Record Information (CORI), and Sex Offender Registry (SORI) may be obtained.

I hereby grant LexHab, property owner the right to process this application for the purpose of obtaining a Rental/Lease Agreement. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

Signed under the pains and penalties of perjury. Tenant represents that this application and all documents submitted to LexHAB are true, accurate, and complete. Failure to provide true, accurate and complete information may affect your eligibility for housing, renewal of your lease or result in termination of your lease, in addition to liability for rent that should have been paid based on accurate household income.

Signature Head of Household	Date
Signature Co-Applicant	Date

For Office Use Only	
Check here if Pre-Application is on file. <input type="checkbox"/>	Application Date: _____ Time:___ Desired Move-In Date: _____ Application Received By: _____ As Agent for LexHab

LEXHAB RULES AND REGULATIONS

A copy of the LEXHAB Rules and regulations is available for your review upon request.

EMERGENCY APPLICATION REQUEST

**** Please check below if an EMERGENCY APPLICATION STATUS IS BEING REQUESTED**

YES NO

Please include with your LexHAB application a brief statement that addresses why you meet each of the requirements of the definition of "Homeless Applicant" (including the date on which you became, or will become, displaced from your primary residence) as well as the information required for the Priority Category as listed in the Emergency Application Information Sheet provided upon request.